



Annual Membership Form

First Name _____

Last Name _____

Email Address _____ @ _____

Phone No. (_____) _____ - _____

Amount Enclosed

Annual Membership (\$65/person or \$100/couple) \$ _____

Book study (\$30, Group Name: _____) \$ _____

Course donation for nonmembers
(\$15, Course Name: _____) \$ _____

Additional Donation \$ _____

TOTAL ENCLOSED \$ _____

Mail this form and your check made payable to:

Boulder Friends of Jung c/o Bob Bongiovanni, 4764 Kalispell Street, Denver, CO 80239